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APPLICATION NO.	NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/082,405	02/25/2002	· · · · · · · · · · · · · · · · · · ·	Mark P. Zollner		CM04695H	3930
TITLE OF INVENTION: OPTIMIZED DYNAMIC SYSTEM RESTART SEQUENCE FOR A WIDE AREA COMMUNICATION SYSTEM						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/05/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS		1	
TRAN, PHILIP B		2155	709-223000		*	f
☐ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	ndence address (or Cha (122) attached. cation (or "Fee Address" or more recent) attach	nge of Correspondence Indication form ed. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Steven R. Santema 2 Indira Saladi 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
MOTOROLA, INC. SCHAUMBURG, IL						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🍱 Corporation or other private group entity 🛄 Government						
4a: The following fee(s) are submitted: Sissue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			 Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ \text{L} a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \end{align*} \] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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